



# The pros and cons of Medicare managed care

## (Medicare Advantage)

*Under Medicare, a managed care plan is one of several options available under Medicare Advantage.*

Enrolled members get care through a network of doctors, facilities and other health care providers associated with the plan.

A Medicare-contracting managed-care plan receives a monthly payment for you from Medicare; In turn, the plan provides all medically necessary Medicare-covered treatment.

Some plans also cover a variety of “extras,” such as preventive or routine care, that would not otherwise be covered by Medicare.

There is usually a monthly premium for the plan in addition to the Medicare Part B premium. Co-payments may be required for some services, but you don’t pay Medicare deductibles or coinsurance.

**Not all parts of the state have Medicare Advantage plans that contract with Medicare.**

Choosing how to fill Medicare gaps and supplement your health care is not a decision to be made lightly. Contact Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine, a free service of the Washington State Insurance Commissioner’s office. A trained SHIBA HelpLine volunteer can help you consider these factors in more detail.

They can also help you find ways to pay for prescription drugs and assist with many other health insurance issues. Make an appointment for free, impartial and confidential assistance in evaluating your choices. Just call 1-800-562-6900 for referral to your local SHIBA HelpLine office.

## ADVANTAGES of Managed Care

- Wellness programs and preventive services are often covered.
- Routine care-such as regular physicals, foot care, eye exams and eyeglasses, or hearing aids-are often covered.
- Few out-of-pocket expenses for care in service area (except for per-visit/per-service co-payments in some cases).
- Services and care are coordinated.
- Enrollment cannot be refused based on health or pre-existing conditions during specified enrollment periods (except for End-Stage Renal Disease).
- No pre-existing condition waiting periods.
- Federally-monitored quality assurance requirements for physicians and facilities.

## LIMITATIONS of Managed Care

- Must use the plan's physicians and facilities, except for emergency or urgently-needed care.
- You may be required to have a referral from your primary care physician before seeing a specialist.
- May need to obtain services within a defined service area. It's important for people who travel a great deal or move frequently to consider this limitation.
- You must live in a plan's service area to join.
- If you move out of plan's service area, your membership is automatically cancelled.
- The plan renews its contract with Medicare once a year and may be cancelled.
- The provider(s) you prefer may leave the plan.

SHIBA HelpLine is a free public service of the Washington State Office of the Insurance Commissioner. Highly trained and supervised volunteers offer completely impartial and confidential assistance. Our role is to educate, assist and advocate for you so you can make informed decisions. Our advisors are never affiliated with any company or product.



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